

Crisis Stabilization Facilities: States vs National Standards

<u>Minimum Expectations:</u>	<u>NM</u>	<u>CA</u>	<u>VA</u>	<u>NC</u>	<u>AZ</u>	<u>DE</u>	<u>Best Practices:</u>	<u>NM</u>	<u>CA</u>	<u>VA</u>	<u>NC</u>	<u>AZ</u>	<u>DE</u>
Accepts all referrals/ services designed to address mental health and substance use	Yes	Yes*	**Not yet	Yes	Yes	Yes	Function as a 24hr (or less) crisis receiving and stabilization facility	Yes	Yes	Yes	Yes	Yes	Yes
Ability to assess physical health needs and deliver care for minor health challenges	Yes	Yes	Yes	Yes	Yes	Yes	Offer dedicated first-responder drop-off area	Yes	No	Yes	Yes	Yes	Yes
24/7/365 staffing multidisciplinary team (with peers)	Yes	Yes	Yes	Yes	Yes	Yes	Incorporate intensive support beds into a partner program to support flow of individuals who need further support	Yes	Yes	**Not yet	Yes	Yes	Yes
Walk-in and first-responder drop-offs with no refusals for law enforcement	Yes*	Yes*	Yes	Yes	Yes	Yes	Include beds within the real-time bed registry system	Yes	No	Yes	No	No (Southern AZ only)	Yes
Suicide and violence risk assessment	Yes	Yes	Yes	Yes	Yes	Yes	Coordinate connection to ongoing care	Yes	Yes	Yes	Yes	Yes	Yes

*Voluntary admissions only

*VA does not allow medication onsite or seclusion room in this level of care; getting waivers to provide these services

** VA opened the short stay beds first, we refer to higher level of care (inpatient beds) if necessary. 23 hour services are held up due to funding.